

MARYLAND HEALTH INSURANCE PLAN (MHIP)

Maryland has a risk pool program called the Maryland Health Insurance Plan (MHIP). MHIP offers health coverage for persons who are HIPAA eligible, for people eligible for HCTC, and for people with expensive health conditions who are unable to buy individual coverage.

WHEN CAN I GET COVERAGE FROM MHIP?

- *If you are HIPAA eligible, you can buy health insurance from MHIP.*

To be HIPAA eligible, you must meet certain criteria

If you are HIPAA eligible in Maryland you are eligible for coverage under the Maryland Health Insurance Plan (MHIP), Maryland's high risk pool. To be HIPAA eligible, you must meet all of the following:

- You must have had 18 months of continuous creditable coverage, *at least the last day of which was under a group health plan.*
- You also must have used up any COBRA or state continuation coverage for which you were eligible.
- You must not be eligible for Medicare, Medicaid or a group health plan.
- You must not have health insurance. (Note, however, if you know your group coverage is about to end, you can apply for coverage for which you *will* be HIPAA eligible.)
- You must apply for health insurance for which you are HIPAA eligible within 63 days of losing your prior coverage.

HIPAA eligibility ends when you enroll in individual coverage, because the last day of your continuous health coverage must have been in a group plan. You can become HIPAA eligible again by maintaining continuous coverage and rejoining a group health plan.

- *If you are eligible for the HCTC, then you can buy health insurance from the MHIP (see page 33).*
- *If you are "medically eligible" you can buy coverage from MHIP.* You are considered medically eligible if you were turned down for coverage within the last 6 months by an insurer or HMO because of your health. In addition, if you were offered insurance that excludes or limits coverage for your pre-existing health condition, or if you were offered coverage that is more expensive than MHIP because of the health of the insured, you are considered uninsurable. You are also medically eligible if you have one of the serious medical conditions (such as AIDS or cancer) listed by MHIP. The list of qualifying health conditions can be found at www.marylandhealthinsuranceplan.net.

Medically eligible individuals must have been a Maryland resident for at least 6 months to enroll in MHIP.

- *You can also buy coverage from MHIP if you have moved to Maryland from another state's high risk pool.*
- *The high risk pool offers both individual and family policies, so dependents are also eligible for coverage under the high risk pool.*
- *To be eligible for MHIP, you must not be eligible for employer-sponsored group health coverage, Medicaid or Medicare.*

WHAT DOES MHIP COVER?

- *You can choose from 4 plan options under MHIP – an HMO plan, 2 PPO options, and a high deductible plan. Covered benefits are the same under all plans, but the cost sharing varies.*
- *Covered benefits include hospital and physician care, prescription drugs, maternity care, mental health, and other services. There is a lifetime maximum of \$2.5 million per person on covered benefits.*
- *Under the HMO plan, non-emergency care is covered only when provided by a hospital, doctor, or other provider in the MHIP network. There is no annual deductible under the HMO plan. You will pay a co-pay (usually \$25 to \$35) for each covered service and prescription.*
- *Under the PPO plan options, you can receive care in or out of the MHIP network. After you have satisfied the annual deductible, you will pay coinsurance of 20 percent for care received in-network and 40 percent for care received out-of-network, depending on the plan, up to a varying annual out-of-pocket limit. When you reach this limit, MHIP will pay 100 percent of covered services for the rest of the year. Coinsurance does not apply to prescription drugs; instead, you will pay a co-pay for each prescription. A separate annual deductible also applies to prescription drugs.*
- *The PPO plans offer a choice of deductibles. The \$500 PPO plan has an annual deductible of \$3,000 per person for most services and a separate \$100 annual deductible for prescription drugs. The \$1,000 PPO plan has an annual deductible of \$3,500 per person for most services and a separate \$250 annual deductible for prescription drugs per person, but not to exceed \$500 per family. The High Deductible Health Plan (HDHP) has an annual deductible of \$2,600 for all services and prescription drugs combined.*

WHAT ABOUT COVERAGE FOR MY PRE-EXISTING CONDITION?

- *If you are HIPAA eligible, you will not be subject to a pre-existing condition exclusion when you enroll in MHIP.*
- *If you are not HIPAA eligible, you will have a 2-month pre-existing condition exclusion period when you first enroll in MHIP. When you enroll, MHIP will look back 6 months to see if you had a condition for which you actually received a diagnosis or for which medical advice or treatment was recommended or received. The 2 month exclusion period can be reduced if you were previously covered under another health plan within 63 days of applying to MHIP. In addition, if you were previously uninsured, MHIP offers an option to waive the pre-existing condition exclusion period. If you choose this option, your MHIP premium will be increased for the first six months that you are covered under the program.*

HOW MUCH CAN I BE CHARGED FOR MHIP COVERAGE?

- *Premiums vary based on your age and the plan you choose. For example, if you are 24, the monthly premium is \$157 for the \$1,000 PPO, \$199 for the \$500 PPO, \$313 for the HMO, and \$84 for the HDHP. If you are 64, the monthly premium is \$364 for the \$1,000 PPO, \$459 for the \$500 PPO, \$724 for the HMO and \$195 for the HDHP.*
- *Higher premiums are established for family coverage.*
- *Premiums are updated annually in July. Contact MHIP for the most current information.*
- *If you have low or moderate income, you may qualify for reduced premiums and lower deductibles under a plan option called MHIP+. The annual savings can range up to \$5,400, depending on your total household income. Please refer to the application for details.*
- *If you are eligible for HCTC, you can enroll in MHIP and the federal government will pay 65% of your premium each month. You should call the HCTC customer contact center toll free at 1-866-628-4282 Monday through Friday, 7 am to 7 pm central time. The customer contact center can provide you registration material and help you fill them out so you can take advantage of the tax credit. (see page 33).*

HOW LONG DOES HEALTH POOL COVERAGE LAST?

- *Coverage under MHIP is renewable as long as you pay your premiums, continue to reside in Maryland, and meet other eligibility requirements.*